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| all provider notifications | |
| [View or print notifications for all provider types.](https://humanservices.arkansas.gov/wp-content/uploads/Static_O.docx) |

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| Certified Nurse-Midwife transmittal letters | | |
| Update Number | Date |
| [CNM-1-25](https://humanservices.arkansas.gov/wp-content/uploads/CNM-1-25.docx) | July 1, 2025 |
| [CNM-2-25](https://humanservices.arkansas.gov/wp-content/uploads/CNM-2-25.docx) | July 1, 2025 |
| [CNM-2-23](https://humanservices.arkansas.gov/wp-content/uploads/CNM-2-23.doc) | June 1, 2025 |

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| Certified Nurse-Midwife NOTICES OF RULE MAKING | | | |
| Number | Date | Subject |
| [NOTICE-003-17](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-003-17.doc) | November 1, 2017 | Removal of Processing Hold on Paper Claims |
| [NOTICE-002-14](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-14.doc) | June 15, 2014 | 2014 Current Procedure Terminology (CPT®) Code Conversion |
| [NOTICE-002-13](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-13.doc) | March 15, 2013 | 2013 Healthcare Common Procedural Coding System Level II (HCPCS) Code Conversion |

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| Certified Nurse-Midwife Official Notices | | | |
| Number | Date | Subject |
| [ON-024-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-024-25.docx) | July 17, 2025 | Coverage for Procedure Codes 58300 and 58301 |
| [ON-019-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-019-25.docx) | June 26, 2025 | REVISED – Obstetrics (OB) Services Billing Changes (Global/ Itemized) and Postpartum Visits |
| [ON-001-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-001-24.doc) | September 11, 2024 | EPSDT Billing Updates for Procedure Code 96110 - REVISED |
| [ON-004-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-004-24.doc) | February 29, 2024 | REVISED - Long-Acting Reversible Contraceptive (LARC) Covered During Inpatient Stay |
| [ON-048-23](https://humanservices.arkansas.gov/wp-content/uploads/ON-048-23.doc) | January 3, 2024 | Long-Acting Reversible Contraceptive (LARC) Covered During Inpatient Stay |
| [ON-005-19](https://humanservices.arkansas.gov/wp-content/uploads/ON-005-19.doc) | January 1, 2020 | Global OB Claims |
| [ON-003-14](https://humanservices.arkansas.gov/wp-content/uploads/ON-003-14.doc) | October 1, 2014 | Healthcare Common Procedural Coding System Level II (HCPCS): J7301 |
| [ON-003-11](https://humanservices.arkansas.gov/wp-content/uploads/ON-003-11.doc) | March 15, 2011 | 2011 Healthcare Common Procedural Coding System Level II (HCPCS) Code Conversion |
| [ON-004-10](https://humanservices.arkansas.gov/wp-content/uploads/ON-004-10.doc) | December 1, 2010 | CMS-1500 Replaces DMS-694 for EPSDT Screenings or Services |
| [DMS-2010-O-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-10-A-5.doc) | March 29, 2010 | 2010 HCPCS Procedure Code Conversion |
| [DMS-2009-O-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-2.doc) | September 1, 2009 | Medicaid Coverage of H1N1 Vaccine Administration |
| [DMS-2009-O-10](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-AR-8.doc) | March 1, 2009 | 2009 HCPCS Procedure Code Conversion |
| [DMS-2009-O-9](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-12.doc) | March 1, 2009 | 2009 CPT Procedure Code Conversion |
| [DMS-2008-O-8](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-9.doc) | August 7, 2008 | Medicaid Tamper Resistant Requirement Guidance from the Centers for Medicare and Medicaid (CMS) and the National Council for Prescription Drug Programs (NCPDP) |
| [DMS-2008-O-7](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-8.doc) | June 9, 2008 | Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Codes (NDC) when Billing Drug HCPC/CPT Codes and Extension of the Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Codes (NDC) When Billing Drug Procedure Codes for Institutional Outpatient Provider Claims. |
| [DMS-2008-O-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-4.doc) | May 1, 2008 | 2008 HCPCS Procedure Code Conversion |
| [DMS-2008-O-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-2.doc) | May 1, 2008 | 2008 CPT Procedure Code Conversion |
| [DMS-2008-O-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-AL-1.doc) | April 1, 2008 | Fee Schedules |
| [DMS-2008-O-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-5.doc) | March 21, 2008 | April 1, 2008 is the effective date for implementation of the Tamper-Resistant Prescription Pads Requirement under the Medicaid Program |
| [DMS-2008-O-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-1.doc) | January 14, 2008 | Extension of the Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Codes (NDC) When Billing Drug Procedure Codes for Institutional Outpatient Provider Claims |
| [DMS-2007-O-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-5.doc) | October 24, 2007 | Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Code (NDC) When Billing Drug Procedure Codes |
| [DMS-2007-O-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-4.doc) | October 18, 2007 | Family Planning Services |
| [DMS-2007-O-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-3.doc) | October 1, 2007 | Tamper-Resistant Prescription Pads Under the Medicaid Program |
| [DMS-2007-O-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-O-1.doc) | April 11, 2007 | Coverage of Human Papilloma Virus (HPV) Vaccine for female Medicaid Beneficiaries Aged 9 through 18 |
| [DMS-2007-O-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-2.doc) | March 1, 2007 | 2007 Current Procedural Terminology (CPT) Procedure Code Conversion |
| [DMS-2006-O-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-4.doc) | June 20, 2006 | Family Planning Services |
| [DMS-2006-O-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-2.doc) | March 1, 2006 | 2006 HCPCS Procedure Code Conversion |
| [DMS-2006-0-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-1.doc) | March 15, 2006 | 2006 CPT Procedure Code Conversion |
| [DMS-2005-O-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-05-O-1.doc) | January 1, 2006 | Prescription Drug Coverage for Dual Elgibles Covered by Medicare |
| [DMS-2004-O-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-O-2.doc) | February 1, 2005 | Coverage of Mirena (IUD) as a Family Planning Benefit |
| [DMS-2004-O-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-O-3.doc) | December 8, 2004 | Evidence-Based Preferred Drug List |
| [DMS-2004-O-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-O-1.doc) | May 7, 2004 | Corrections in Billing Instructions |
| [DMS-2003-O-9](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-9.doc) | January 20, 2004 | HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003 |
| [DMS-2003-O-7](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-A-2.doc) | December 9. 2003 | Requirements for Requests for Extension of Benefits for Clinical, Outpatient, Laboratory and X-ray Services |
| [DMS-2003-O-11](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-11.doc) | November 25, 2003 | Medicaid Reimbursement for Flu Vaccines Administered to Recipients Ages 19 and Older |
| [DMS-2003-O-8](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-8.doc) | August 12, 2003 | Extension of Pharmacy Benefit for Living Choices Assisted Living Waiver Participants |
| [DMS-2003-O-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-6.doc) | July 9, 2003 | DEA Schedule II Stimulants for Age-Appropriateness |
| [DMS-2003-O-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-4.doc) | June 6, 2003 | Prescription Drug Prior Approval for Long Term Care Certified Recipients |

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| Certified Nurse-Midwife RA messages | |
| Date | Subject |
| [07/17/25-07/31/25](https://humanservices.arkansas.gov/wp-content/uploads/250717.docx) | Coverage Update for 58300 and 58301 |
| [06/26/25-07/10/25](https://humanservices.arkansas.gov/wp-content/uploads/250626.docx) | Obstetrics (OB) Services Billing Changes (Global/Itemized) and Postpartum Visits |
| [05/29/25-06/12/25](https://humanservices.arkansas.gov/wp-content/uploads/250529.docx) | Fetal Ultrasound Procedure Codes Covered for Certified Nurse Midwives |
| [05/22/25-06/05/25](https://humanservices.arkansas.gov/wp-content/uploads/250522.docx) | Age Update for Procedure Code 90739 HEPB VACC 2/4 DOSE ADULT IM |
| [05/08/25-05/22/25](https://humanservices.arkansas.gov/wp-content/uploads/250508.docx) | Coverage Updates for Procedure Codes 11976, 11982, 58300, and 58301 |
| [04/10/25-04/24/25](https://humanservices.arkansas.gov/wp-content/uploads/250410.docx) | Update For 99402 FP UA UB |
| [04/20/17-05/04/17](https://humanservices.arkansas.gov/wp-content/uploads/170420.doc) | Professional Claims Payment for Admitted Inmate Population |
| [01/26/12-02/16/12](https://humanservices.arkansas.gov/wp-content/uploads/120126.doc) | Complete the EPSDT Referral Fields For EPSDT Claims |
| [01/06/11-01/13/11](https://humanservices.arkansas.gov/wp-content/uploads/110106.doc) | Official Notice Correction - CMS-1500 Replaces DMS-694 for EPSDT Screenings or Services |
| [06/29/06-07/05/06](https://humanservices.arkansas.gov/wp-content/uploads/060629.doc) | Family Planning Procedure Codes 99144 and 99145 |
| [03/30/06-04/05/06](https://humanservices.arkansas.gov/wp-content/uploads/060330.doc) | POS Code 33 |